

SECTION C
DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C-1. GENERAL

C-1.1. Scope. The purpose of this contract is to assist Health Affairs, TRICARE Management Activity (TMA), the Market Managers, and the new TRICARE Regional Offices by providing the Government with an independent, impartial evaluation of the care provided to Military Health System (MHS) beneficiaries. The National Quality Monitoring Contractor (NQMC) shall review care provided by the Designated Providers (DP) under the Uniformed Services Family Health Plan (USFHP), the seven current Managed Care Support Contracts (MCSCs), and the TRICARE Next Generation (T-NEX) MCSCs. (Maps showing the current and T-NEX MCSC contract areas are provided at Section J, Attachment J-1.) The NQMC is part of TRICARE's Quality and Utilization Review Peer Review Organization Program, in accordance with 32 CFR 199.15. Additionally, the NQMC may need to review records from other TRICARE contractors (e.g., TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC), TRICARE Retail Pharmacy Contract (TRRx)) on a limited basis.

C-1.2. Objectives. The Objectives under this contract are:

C-1.2.1. To provide an independent, impartial evaluation of the healthcare provided to the MHS beneficiaries.

C-1.2.2. To evaluate "best value health care" as defined in the TRICARE Operations Manual.

C-1.2.3. To measure and report the quality of health care services and provide:

- tools for making informed decisions
- insight for targeting quality improvement activities
- information that allows for external comparisons of the health care regions
- information that promotes medical care that is consistent with clinical guidelines.

C-1.2.4. To measure, evaluate, and identify superior quality health care services and recommend means to transfer successes.

C-1.2.5. To provide comprehensive and timely reviews that are consistent with all TRICARE requirements, reflecting high quality work for all work assigned, including mental health facility certification, peer reviews for TMA, reconsideration reviews, and Standard of Care determinations for Military Treatment Facility (MTF) malpractice cases.

C-2. DOCUMENTS

C-2.1. Authoritative guidance is found in the following documents, and guide the performance of this contract.

C-2.1.1. TRICARE provisions under the current MCSCs:

Title 10, United States Code, Chapter 55
32 Code of Federal Regulations, Part 199
TRICARE MCSC Operations Manual (OPM) 6010.49-M
TRICARE Policy Manual (TPM) 6010.47-M
TRICARE Reimbursement Manual (TRM) 6010.53-M
TRICARE Automated Data Processing and Reporting (ADP) Manual 6010.50-M

C-2.1.2. TRICARE provisions under the T-NEX MCSCs:

Title 10, United States Code, Chapter 55
32 Code of Federal Regulations, Part 199
TRICARE Operations Manual (TOM) 6010.51-M
TRICARE Policy Manual (TPM) 6010.54-M

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TRICARE Reimbursement Manual (TRM) 6010.55-M

TRICARE Systems Manual (TSM) 7950.1-M

C-2.1.3. The TRICARE manuals and Code of Federal Regulations (CFR) are located on the NQMC website, accessible at:

<http://www.tricare.osd.mil/contracting/healthcare/solicitations/index.cfm>

C-3. DEFINITIONS AND ACRONYMS

Definitions are listed in the TRICARE Operations Manual, Appendix A. Acronyms are found in Attachment J-18, Section J.

C-4. GOVERNMENT FURNISHED PROPERTY AND SERVICES

The NQMC will be provided medical records for the performance of this contract.

C-5. CONTRACTOR FURNISHED ITEMS

The NQMC furnishes all necessary labor, materials, facilities, and equipment for the satisfactory performance of this contract.

C-6. TECHNICAL REQUIREMENTS

C-6.1. GENERAL. The NQMC shall establish and maintain sufficient and appropriate management, staff, management support services, resources and facilities necessary to achieve and maintain compliance with the requirements of this contract.

C-6.1.1. The NQMC shall have available to it the services of a sufficient number of actively practicing, board certified, licensed doctors of medicine and osteopathy to assure adequate review of the services provided by the various medical specialties and subspecialties, as identified by the American Board of Medical Specialties or the Bureau of Osteopathic Specialists. Active practice means practicing, on a routine basis, a minimum of 20 hours per week.

C-6.1.2. The NQMC shall have procedures for ensuring availability of actively practicing non-physician reviewers of the provider types set forth in 32 CFR 199.6.

C-6.1.3. The NQMC shall have procedures and policies in place that shall ensure independent and objective reviews.

C-6.2. MANAGEMENT.

C-6.2.1. Staffing. The NQMC shall assure that all staff are qualified by education, training, and experience.

C-6.2.2. Reviewers. The NQMC shall document its review and verification of the credentials, and maintain current and accurate records, for all reviewers under this contract. The NQMC shall conduct the credential verification process when the reviewer is first considered for employment or contract, and every 3 years after the individual has assumed reviewer responsibilities. It shall be the NQMC's responsibility to ensure that all staff maintains the required qualifications and certifications while performing under this contract.

C-6.2.3. Quality Management. The NQMC shall establish and continuously operate an Internal Quality Management Program (IQMP) covering every aspect of the NQMC's operation to ensure control, accuracy, and timeliness. The NQMC shall assess its compliance with qualitative and quantitative standards, identify problems, and identify corrective actions planned or to be initiated.

C-6.2.3.1. The NQMC shall comply with the Staff Training Program (Part 5.0) and the Internal Audits and Management Control Programs (Part 6.0) of the OPM and TOM, Chapter 1, Section 4.

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C-6.2.4. Records Management. The NQMC shall comply with records management provisions of 36 CFR 1222.48 and Chapter 2 of the OPM and TOM. The NQMC shall identify its Records Manager to the Contracting Officer within ten calendar days after award. Following contract award, the NQMC shall schedule its Records Manager to attend the next available TMA records management class presented annually in Denver, Colorado. This is a five-day course. The Records Manager will be required to attend the course annually thereafter.

C-6.2.5. Records Security and Confidentiality. The NQMC shall operate systems of records in support of the Department of Defense (DoD) Military Health System which requires obtaining, maintaining, and using sensitive and personal information strictly in accordance with controlling laws, regulations, DoD policy, and contract requirements.

C-6.2.5.1. In addition to the security requirements for contractor information systems/networks under Section C below, the NQMC shall also operate the system of records strictly in accordance with controlling laws, regulations, and DoD policy on confidentiality and privacy of individually identifiable information as referenced in Attachment J-17, Section J. The NQMC shall also provide and document necessary and appropriate training of all workforce members (e.g., all employees, volunteers, trainees, and other persons who conduct and perform work for the contractor) in the proper handling and safeguarding of this information. Sensitive personal information must be protected, in terms of privacy and security during use, transmission, storage, destruction, and handling. The NQMC agrees to all provisions of the Business Associate terms of this contract (see Sections H.9 and H.10 and Attachment J-12, Section J.)

C-6.3. Information Technology. All NQMC information systems/networks involved in the operation of systems of records in support of the DoD Military Health System requires obtaining, maintaining, and using sensitive and personal information strictly in accordance with controlling laws, regulations, and DoD policy.

C-6.3.1. The NQMC's information systems/networks involved in the operation of DoD systems of records shall be safeguarded through the use of a mixture of administrative, procedural, physical, communications, emanations, computer and personnel security measures that together achieve the same requisite level of security established for DoD information systems/networks for the protection of information referred to as "Sensitive Information" (SI) and/or "Controlled Unclassified Information." The NQMC shall provide a level of trust which encompasses trustworthiness of systems/networks, people and buildings that ensure the effective safeguarding of SI against unauthorized modification, disclosure, destruction and denial of service.

C-6.3.2. The NQMC, as a business associate of TRICARE under the terms of the contract (see Sections H.9 and H.10, and Attachments J-12 and J-17 in Section J.), shall also be compliant with the Health Insurance Portability and Accountability Act (HIPAA) as implemented by the Department of Health and Human Services (DHHS) final rule on Health Insurance Reform: Security Standards (45 Code of Federal Regulations Parts 160, 162, and 164), effective April 21, 2003. Although the compliance date established by the DHHS final rule is April 21, 2005, the NQMC shall be in compliance with the requirements of the final rule at the start-work date of this contract.

C-6.3.3. Information System (IS)/Networks Certification and Accreditation. The NQMC IS/networks shall comply with the Certification and Accreditation (C&A) process established under the DoD Information Technology Security Certification and Accreditation Process (DITSCAP) for safeguarding SI accessed, maintained and used in the operation of systems of records under this contract. (Certification and Accreditation (C&A) process: The C&A process ensures that the trust requirement is met for systems and networks. Certification is the determination of the appropriate level of protection required for information systems/networks. Certification also includes a comprehensive evaluation of the technical and non-technical security features and countermeasures required for

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each system/network. Accreditation is the formal approval by the Government to operate the NQMC's IS/networks in a particular security mode using a prescribed set of safeguards at an acceptable level of risk. In addition, accreditation allows IS/networks to operate within the given operational environment with stated interconnections; and with appropriate level-of-protection for the specified period. The C&A requirements apply to all DoD IS/networks and NQMC IS/networks that access, manage, store, or manipulate electronic SI data.)

C-6.3.4. The DITSCAP is the standardized approach to the C&A process within DoD. Each IS/network that undergoes DITSCAP must have required security controls in place, must have documented the security components and operation of the IS/network and must successfully complete testing of the required security controls. The NQMC shall ensure DITSCAP documentation is available for review and is accurate. Each IS/network must also comply with the requirements for Information Assurance Vulnerability Management (IAVM) to ensure that the security posture is maintained. Guidance regarding the requirement for IAVM is contained in the DoD Information Assurance Vulnerability Alert (IAVA), 30 December 1999 (Section J, Attachment 14) while implementation is addressed in the "DISA IAVA Process Handbook, Version 2.1, 11 June 2002" (Section J, Attachment 15).

C-6.3.5. The NQMC shall execute the DITSCAP process by providing, for receipt by the Contracting Officer within 30 days following contract award, the required documentation necessary to receive an Interim Approval to Operate (IATO), and making their IS/networks available for testing. The NQMC shall be required to mitigate the vulnerabilities identified for correction during the risk assessment process. These requirements shall be met before interconnecting with any DoD information system or the network is authorized for use in obtaining, maintaining, and using sensitive and personal information. The Military Health System (MHS) DITSCAP Checklist (Section J, Attachment 16) is provided for assistance regarding meeting the DITSCAP requirements. Reference material and DITSCAP tools can be obtained at http://www.tricare.osd.mil/tmis_new/ia.htm

C-6.3.6. Information Systems (IS)/Networks Physical Security. The NQMC shall employ physical security safeguards for IS/Networks involved in the operation of its systems of records to prevent the unauthorized access, disclosure, modification, destruction, use, etc., of sensitive information (SI) and to otherwise protect the confidentiality and ensure the authorized use of sensitive information (SI). In addition, the NQMC shall support a Physical Security Audit performed by the Government of its internal information management infrastructure using the criteria from the Physical Security Audit Matrix (Section J, Attachment 13). The NQMC shall correct any deficiencies identified by the Government of its physical security posture.

C-6.3.7. Information Systems (IS)/Networks Personnel Security. The NQMC shall achieve the same level of trustworthiness of personnel who have access to IS/Networks involved in the operation of its systems of records as required for Government personnel requiring similar access to DoD information technology systems and networks containing sensitive information (SI) (See Appendix 6, DoD 5200.2-R, June 2002 (draft) Positions Requiring Access to DoD Information Technology (IT) Systems and Networks, found on the TRICARE web site at http://www.tricare.osd.mil/tmis_new/ia.htm). To ensure the trustworthiness of personnel with access to DoD systems/data the NQMC will classify Information Technology (IT) or related positions, submit appropriate paperwork for background investigations, ensure that the NQMC's employees receive requisite training, and document compliance. Personnel background investigations and training of NQMC employees must be initiated before access to DoD IS/networks or DoD SI is allowed for operation of NQMC IS/networks. The website listed above will provide additional guidance to support this effort. All NQMC employees with access to SI that is maintained in NQMC owned and operated IT systems that have no interconnection (including data feeds) with Government IT systems or networks, shall complete the appropriate background check for IT-III level

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personnel comparable to that described in the referenced Appendix 6 to DoD 5200.2-R unless the NQMC proposes, and the Contracting Officer approves, other alternative safeguards appropriate to mitigate the risks associated with the loss/misuse or unauthorized access to or modification of the SI.

C-6.4. RETROSPECTIVE REVIEWS ON TMA-SELECTED CASES. On a monthly basis, TMA shall select approximately 1,400 cases for review. The data elements that identify the cases that the NQMC will receive from the MCSCs are found in Section J, Attachments J-2 and J-3; the data elements that identify the cases that the NQMC will receive from the DPs are found in Section J, Attachment J-4. The NQMC shall transmit a case selection list to the appropriate contractors in order to obtain the selected medical record(s). Additionally, a medical records request for each provider and a medical record cover sheet for each selected case, including information for the provider to record postage and copying cost, shall be provided.

C-6.4.1. The NQMC shall review medical, surgical, and mental health cases to determine the medical necessity and appropriateness of care of the services provided. To carry out this review, the NQMC shall use InterQual and American Society of Addiction Medicine (ASAM) criteria to provide consistent and standardized reviews in accordance with the documents specified in 32 CFR 199 and the TRICARE Policy Manuals.

C-6.4.2. For each case selected by TMA, the NQMC shall whether that the MCSC and DP are performing pre-authorizations and retrospective and prepayment reviews, consistent with TRICARE Operations Manual, Chapter 7.

C-6.4.3. The NQMC shall review cases for medical necessity and appropriateness of services rendered in accordance with documents referenced in 32 CFR 199 and the TRICARE Policy Manuals.

C-6.4.4. The NQMC shall identify cases of inappropriate medical care, preventable admissions and shall identify care that is not a TRICARE benefit.

C-6.4.5. The NQMC shall report potential cases of fraud and abuse, consistent with 32 CFR 199.9.

C-6.4.6. The NQMC shall apply appropriate quality screens and medical judgment to identify quality issues. These quality reviews shall utilize both process and outcome measures that focus on deficiencies in the delivery of health care that result in an adverse affect on the patient. These reviews shall also identify superior healthcare services.

C-6.4.7. Potential quality concerns, utilization concerns, inappropriate medical care, or preventable admissions must be confirmed by a board certified, licensed physician, who is actively practicing in the clinical area being reviewed.

C-6.4.8. If the selected case is covered by the DRG-based payment system, or the Skilled Nursing Facility (SNF) Prospective Payment System based upon Resource Utilization Groups (RUGs), the NQMC's review shall determine if the diagnostic and procedural information and the discharge status, as reported by the institution, and the resident assessment completed by the SNF, match the information in the medical record (per TRICARE Reimbursement Manual, Chapter 8, Section 2).

C-6.4.8.1. The NQMC shall be required to obtain the TRICARE DRG Grouper software, developed by Health Information Systems, 3M Health Care, and Resident Assessment Validation and Entry (RAVEN) System, produced by Centers for Medicare and Medicaid Services (CMS).

C-6.4.9. The timing of review begins with the date of NQMC's receipt of the medical record from a MCSC or DP. All case reviews shall be completed within 30 days of receipt; if a case requires a second level physician review in accordance with Section C-6.4.7 above, the review shall be completed within 45 days of receipt.

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C-6.4.10. A data dictionary for the DP selected cases is provided at Section J, Attachment J-4. Additionally, the data fields from the Healthcare Service Record (HCSR) for the MCSC selected cases are provided at Section J, Attachments J-2 and J-3. The Government will be transitioning to TRICARE Encountered Data (TEDs) after award of this contract; however, the data fields will remain largely unchanged from HCSR and should not impact the NQMC.

C-6.4.11. The NQMC shall provide an analysis of utilization concerns, quality concerns, and coding irregularities, report potential fraud and abuse, inappropriate medical care, preventable admissions, and care that is not a TRICARE benefit. This analysis shall be of sufficient detail such that the MCSCs and DPs shall be able to understand the concerns and respond to the findings. The MCSCs and DPs shall have an opportunity to review the issues identified, and must respond to the issues within 45 days of this report (see OPM and TOM, Chapter 7). The NQMC shall review any disagreements identified by the MCSCs and DPs, and provide TMA with a final determination report.

C-6.4.12. The NQMC shall track each MCSC's and DP's performance on submitting the selected medical records and responding to the issues as required in the OPM and TOM.

C-6.4.13. TMA will provide to the NQMC the MCSC and DP Clinical Quality Management Program (CQMP) annual reports that are provided by the T-NEX MCSCs and DPs; the current MCSCs and DPs are not required to provide this report (refer to Chapter 7, Section 4 of TOM). The NQMC shall summarize the data from the annual MCSC and DP CQMP reports. The NQMC shall provide an analysis that identifies patterns and trends, and assist the Government in determining best practices.

C-6.4.14. The NQMC shall analyze patterns, trends and variations among the Health Service Regions. This analysis shall include an assessment of "best value health care", identification and recommendation of superior quality health care transfer, a means for decreasing medically unnecessary utilization of health care services, a means for reducing preventable admissions, and recommendations for focused studies and quality improvement projects.

C-6.5. FOCUSED STUDIES. As directed by TMA, the NQMC shall conduct focused studies that will allow TMA to quickly understand critical risks, and design and test specific interventions to improve quality of care. In general, TMA will select study issues that have a potential to significantly impact beneficiary health, functional status, and satisfaction. Additionally, focused studies may be related to specific individual providers, provider groups, or institutional providers. See Section J, Attachment J-5 for examples of focused study topics.

C-6.6. EXTERNAL REVIEWS OF MALPRACTICE CASES. The NQMC shall conduct external reviews of paid malpractice claim cases in which the Military Service's preliminary determination is that the malpractice payment was not caused by failure of any practitioner to meet the standard of care in accordance with DoDI 6025.15 [October 12, 2000]. The NQMC shall not be required to testify. The NQMC shall provide a review of each identified provider. When the case involves a physician, the case shall be reviewed by a licensed physician who is board certified in the same clinical specialty as the physician that provided the care. Additionally, the physician reviewer shall have an active clinical practice in the same clinical area being reviewed. If the case involves a provider other than a physician, a reviewer that is similarly qualified shall conduct the review. A reviewer shall limit his/her determination to his/her clinical specialty or area of qualification.

C-6.6.1. When a case involves more than one specialty, a separate report shall be issued for each specialty. Each specialty report is considered a separate review.

C-6.6.2. For all cases, the NQMC shall 1) summarize the facts of the case, 2) discuss allegations, 3) determine whether the standard of care at the time the care was provided was met for each involved provider, 4) provide the rationale

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for that finding (standard text, practice guidelines, any evidence-based medical citations from the literature relevant at the time of the incident, etc.) and 5) determine whether the care provided caused the patient's injury. In addition, if the case has been identified as a system problem, the NQMC shall include rationale for agreeing or disagreeing with the identified system issue. An analysis is not complete unless all 5 elements are furnished. The NQMC shall complete its review and provide its report within 30 calendar days of receipt of the case.

C-6.6.3. A copy of the determination(s) for each case shall be forwarded to the referring Military Service (Army, Navy, or Air Force Risk Management Office), the Contracting Officer's Representative (COR), and to the Armed Forces Institute of Pathology upon completion of each case. TMA may request review of these reports prior to their release.

C-6.6.4. All information involved in this process is confidential, nonreleasable, and protected under Title 10 USC 1102.

C-6.7. MEDICAL NECESSITY (RECONSIDERATION) REVIEWS. The NQMC shall conduct medical necessity (reconsideration) reviews and issue decisions consistent with Chapter 13 of the OPM and TOM, and with the waiver of liability provisions in Chapter 2, Section 3, of the TRICARE Reimbursement Manual (6010.53-M) or in Chapter 1, Section 4.1 of the TRICARE Policy Manual (6010.54-M), as appropriate. These reviews shall include medical necessity appeals from MCSCs, DPs, MTFs, TDEFIC, and the Retail Pharmacy contractor. All medical necessity pharmacy appeals shall be processed in accordance with the standards for a reconsideration of a pre-admission/pre-procedure reconsideration denial determination. Waiver of liability does not apply to TRRx appeals.

C-6.7.1. Standards

C-6.7.1.1. 90 percent of the requests for (1) a reconsideration of a pre-admission/pre-procedure reconsideration denial determination and (2) a reconsideration of a concurrent review initial denial determination shall be processed to completion within three working days of receipt of the request and the medical record. 100 percent of the requests for (1) a reconsideration of a pre-admission/pre-procedure reconsideration denial determination and (2) a reconsideration of a concurrent review initial denial determination shall be processed to completion within 15 days of receipt of the request and the medical record.

C-6.7.1.2. 85 percent of the non-expedited reconsiderations shall be processed to completion within 30 days of receipt of the request and the medical record. 100 percent of the non-expedited reconsiderations shall be processed to completion within 60 days of receipt of the request and the medical record.

C-6.8. INTERNAL/EXTERNAL CASE REVIEWS. The NQMC shall conduct internal and external case reviews in accordance with Section J, Attachment J-6. Additionally, the NQMC shall provide peer reviewers to serve as witnesses, consistent with Section J, Attachment J-6.

C-6.9. MENTAL HEALTH FACILITY CERTIFICATION. The NQMC shall be responsible for determining whether Residential Treatment Centers (RTCs), Substance Use Disorder Rehabilitation Facilities (SUDRFs), and Psychiatric Partial Hospital Programs (PHPs), meet TRICARE requirements for authorized provider status in accordance with the provisions of 32 CFR 199.6 and the TRICARE Policy Manual (appropriate procedures included at Section J, Attachment J-7). The TRICARE mental health facility certification application is provided as Section J, Attachment J-8; an ownership change application is provided as Section J, Attachment J-9.

C-6.9.1. The NQMC shall calculate the initial rates for RTCs, using the methodology in 32 CFR 199.14 and the TRICARE Reimbursement Manual, Chapter 7, Addendum E (see Section J, Attachment J-10).

C-6.9.2. The NQMC shall conduct reconsiderations of denials of facility certifications in accordance with 32 CFR 199.10 and Chapter 13 of the OPM and

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C-6.9.3. Upon direction from the COR, the NQMC shall provide the technical and professional expertise to perform and record on-site review of mental health facilities, and evaluations of the qualifications and capabilities of designated facilities to provide specialized mental health treatment that complies with 32 CFR 199.6 and TRICARE standards for mental health facilities. Based upon its findings, the NQMC will certify the facility, or recommend decertification of the facility to TMA. The NQMC shall focus its activity for each review according to the objectives established by the COR for the particular facility. Most reviews will be unannounced and there will be instances when a complaint investigation will need to be conducted as a component of the on-site review.

C-6.9.3.1. The determination of which facilities will be reviewed will be based on the nature and extent of actual or potential areas of noncompliance or substandard performance as identified by the NQMC or TMA.

C-6.9.3.2. Generally, the on-site review team shall be composed of three professional members: a psychiatrist, a certified clinical social worker, and a certified psychiatric nurse specialist. The on-site survey team members shall meet the qualifications for their respective provider type, consistent with 32 CFR 199.6. The COR must approve the composition of the review team. It is anticipated that each review will require the review team to be on-site for approximately two days; approximately four on-site surveys will be required per quarter.

C-6.10. EVOLVING PRACTICES, DEVICES, MEDICINES, TREATMENTS, AND PROCEDURES. Upon direction, the NQMC shall review the MCSC's recommendation, based upon reliable evidence (as defined in 32 CFR 199.2), for evolving practices, devices, medicines, treatments, and procedures that have moved from unproven to proven, and determine whether the evidence cited is sufficient to support the MCSC's recommendation.

C-6.11. CONTRACT TRANSITION IN AND PHASE OUT

C-6.11.1. For purposes of contract transition in and phase out, the incumbent NQMC shall be designated as the outgoing NQMC. Upon completion of the final option period, the outgoing NQMC shall assume all phase-out responsibilities. In the event an incumbent NQMC succeeds itself in an award of a new contract, these transition requirements may be waived, as appropriate, by the Contracting Officer.

C-6.11.2. Following the award of the contract, and prior to the beginning of the first option period, the NQMC shall develop a written transition plan to be submitted to the Contracting Officer within 10 days following notice of award.

C-6.11.2.1. The NQMC shall attend a post award meeting at a location specified by the Contracting Officer. This meeting shall be conducted approximately 15 days following notice of award.

C-6.11.2.2. The NQMC shall obtain all necessary criteria and licenses for the successful performance of work under this contract.

C-6.11.2.3. The NQMC shall keep the COR informed on its progress during the transition in phase by a method (e.g., email, fax) agreed to during the post award meeting.

C-6.11.2.4. The Government shall conduct a Physical Security Audit during the transition in period in accordance with the Matrix in Section J, Attachment J-13 for security compliance.

C-6.11.3. At the completion of the final option period, the following requirements shall be in force. The outgoing NQMC shall be responsible for completing all work assigned, and reconsideration appeal requests received, during the option period, to include all associated reports.

C-6.11.3.1. For all active facility certification files, the outgoing NQMC

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shall organize the files and prepare a transmittal document detailing the status of record and the reason the record has been retained. The outgoing NQMC shall package each case in such a manner that all information and documents are received in an organized and orderly fashion, undamaged, and ready for immediate retrieval by the incoming NQMC.

C-6.11.3.2. The outgoing NQMC shall transmit the active facility certification files within 30 days from the date written instructions are issued by the Contracting Officer. The outgoing NQMC shall be available and shall answer, in writing, within five working days after receipt, all questions submitted in writing by the incoming NQMC and/or the Government on the review information and data transferred to the incoming NQMC for a period of 30 days after receipt of materials by the outgoing NQMC.

C-6.11.3.3. The outgoing NQMC shall be notified by the Contracting Officer of the date, time, and location of any transition meeting to be held between the Government, incoming NQMC and outgoing NQMC. The outgoing NQMC shall be issued an order under the ordering clause of this contract for travel only. Any other costs shall be provided for under the CLINs for transition.

(End of Section)